SERIAL NO. FILING DATE **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET** APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS . AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. ن 2 _ .19 J TOTAL TOTAL IND. TOTAL DEP. TOTAL CLAIMS TOTAL S IN SECTION

* may be used for additional claims or admendments

FORM PTO-1360 (REV. 3-78)

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